

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|   |   |
|---|---|
| Facility's Name: Victoria Gabriella Care Home           | CHAPTER 100.1                           |
| Address:<br>94-100 Kauweke Place, Waipahu, Hawaii 96797 | Inspection Date: October 8, 2020 Annual |

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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| RULES (CRITERIA)  | PLAN OF CORRECTION   | Completion Date |
|---|--|-----------------|
| <input checked="" type="checkbox"/> § 11-100.1-17 Records and reports. (b)(3)<br>During residence, records shall include:<br><br>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;<br><br><b>FINDINGS</b><br>Resident #1-No monthly progress notes for January 2020-September 2020. | <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency<br/>after-the-fact<br/>is not practical/appropriate.<br/>For this deficiency, only a<br/>future plan is required.</b></p> |                 |

| RULES (CRITERIA)  | PLAN OF CORRECTION  | Completion Date                                      |
|---|---|--|
| <input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(3)<br>During residence, records shall include:<br><br>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;<br><br><u>FINDINGS</u><br>Resident #1-No monthly progress notes for January 2020-September 2020. | <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In order to remind me that monthly progress notes must be done in a timely manner, I will utilize the calendar and write in that the notes should be completed by the last day of the month. Also, I will use the reminders/notes function in my smart phone to alert me that the progress notes are due.</i></p> | <p style="text-align: right;"><i>Nov 1, 2020</i></p> |

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| RULES (CRITERIA)   | PLAN OF CORRECTION   | Completion Date                                       |
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| <input checked="" type="checkbox"/> §11-100.1-17 Records and reports: (f)(4)<br>General rules regarding records:<br><br>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.<br><br><u>FINDINGS</u><br>Resident #1 - Emergency information sheet not complete. Medications missing.<br><br><i>The missing medications for Resident #1 were written into the most correct Emergency Information Sheet.</i> | <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> | <p style="text-align: right;"><i>Nov. 1, 2010</i></p> |

| RULES (CRITERIA)  | PLAN OF CORRECTION   | Completion Date                                       |
|---|--|---|
| <input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports:</u> (f)(4)<br>General rules regarding records:<br>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.<br><b>FINDINGS</b><br>Resident #1 - Emergency information sheet not complete. Medications missing.<br><i>Emergency Information Sheet will be updated immediately whenever there are changes in medication, such as new or discontinued medication or dosage changes. Any contact information that changes will be updated as well.</i> | <p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> | <p style="text-align: right;"><i>Nov. 1, 2020</i></p> |

Licensee's/Administrator's Signature:

*Aida C. Roto*

Print Name:

Aida C. Roto

Date:

12/19/20

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